

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Greater Georgia Life Insurance
Company
P.O. Box 105426
Atlanta, GA 30348

1:06 CW387-CSC

2. Article Number

(Transfer from service label)

7003 1680 0001 3901 3110

PS Form 3811, August 2001

Domestic Return Receipt

102595-02-M-1540

A. Signature

X

Agent
 Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? Yes
If YES, enter delivery address below: No

3. Service Type

Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee)

Yes